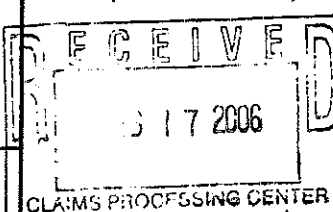


United States Bankruptcy Court		District Of	PROOF OF CLAIM
Name of Debtor DELPHI CORPORATION		Case Number 05-44481(RDD)	This Space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): MICROSYS TECHNOLOGIES INC.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	This Space For Court Use Only
Name and Address where notices should be sent: MICROSYS TECHNOLOGIES INC. 3710 NASHUA DRIVE, UNIT 1 MISSISSAUGA, ON L4V 1M5 CANADA			
Telephone Number: 1 (905) 678-3288			
Last four digits of account or other number by which creditor identifies debtor: 9813		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed Money loaned <input type="checkbox"/> Personal injury/wrongful death Taxes <input type="checkbox"/> Other <div style="margin-left: 400px;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div>			
2. Date debt was incurred: 13 SEP 2005		3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 5,836.37 CAD <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____			
5. Total Amount of Claim at Time Case Filed: \$ 5,836.37 CAD (Unsecured) (Secured) (Priority) CAD 5,836.37 (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			This Space For Court Use Only
Date: 13 Jan 2006 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): JANE GOODYER, OFFICE MANAGER			



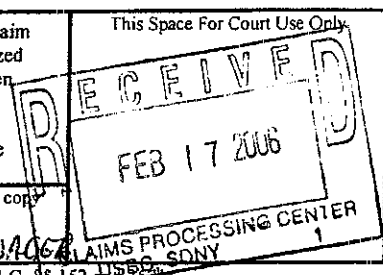
Microsys Technologies Inc.
3710 Nashua Drive, Unit 1
Mississauga, ON L4V 1M5
Canada
Tel: 1 (905) 678-3288
Fax: 1 (905) 678-3319

SALES INVOICE

SI-10247

9/13/2005

Customer		Contact	Ship To					
Delphi Safety & Interior Systems 250 Northwoods Blvd PO Box 5051 Vandalia OH 45377 UNITED STATES		Delphi Safety & Interior Systems Delois Patrick 250 Northwoods Blvd M/C 150 Vandalia, OH 45377 UNITED STATES Tel: (937) 356-2657	Delphi - T&I - Gadsden Plant Delphi Corporation 4605 Airport Road GADSDEN, AL 35904 UNITED STATES					
Account	Terms		Due Date		Account Rep		Schedule Date	
1434	NET 30 DAYS		10/13/2005		Corey Miller		8/26/2005	
Sales Order	PO #		Reference		Ship Via		Page	
SO-50182	IVS64494 004				BEST WAY		1	
L	Item	Description	Order	Ship	Price	M	Discount	Amount
1	MS8990-001A	SureFire Upgrade - Special Order	1	1	\$5 836 37	EA		\$5 836 37
2		Modifications (as described in the attached spreadsheet titled "LAT Data collection proposal.xls" provided to Microsys by Dick Merrifield on November 11, 2004) to the portion of the SureFire user interface that is responsible for generating data output for MAN-IT						
3		Includes software development, coordination of MAN-IT upgrade schedule with VIA, generation of updated SureFire software delivery of software using telephone or internet connection testing						
4		Delphi Alabama contact: Claudia Allen						
GST Reg No 103678744RT For information call +1 (905) 678-3288			Tax Details EXEMPT \$0 000			Taxable		\$0 00
			Payment Details			Total Tax		\$0 00
						Exempt		\$5 836 37
						Total		\$5 836 37
						Payment Disc		\$0 00
						Paid		\$0 00
			Amount Shown in CAD			Balance		\$5 836 37

United States Bankruptcy Court		District Of	PROOF OF CLAIM
Name of Debtor DELPHI CORPORATION		Case Number 05-44481 (RDD)	This Space For Court Use Only
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>			
Name of Creditor (The person or other entity to whom the debtor owes money or property): MICROSYS TECHNOLOGIES INC		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	This Space For Court Use Only
Name and Address where notices should be sent: MICROSYS TECHNOLOGIES INC 3710 NASHUA DRIVE, UNIT 1 MISSISSAUGA, ON L4V1M5 CANADA			
Telephone Number: 1 (905) 678-3288			
Last four digits of account or other number by which creditor identifies debtor: 9813		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 31 MAY 2005		3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
Unsecured Nonpriority Claim \$ 1775.00 USD <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>	
5. Total Amount of Claim at Time Case Filed: \$ 1775.00 USD (Unsecured) (Secured) (Priority) (Total) USD 1775.00 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			This Space For Court Use Only
Date: 13 Jan 2006	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): ADDALIN JANE GOODYEAR, OFFICE MANAGER		
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152, 1593A			



MICROSYS

Microsys Technologies Inc
3710 Nashua Drive, Unit 1
Mississauga, ON L4V 1M5
Canada
Tel: 1 (905) 678-3288
Fax: 1 (905) 678-3319

SALES INVOICE

SI-10215

31-May-2005

Customer		Contact	Ship To					
Delphi Delco Electronics Corp Attn: Manual Receipts Processing MS-9A241 PO Box 9005 KOKOMO, IN 46904 UNITED STATES		Delphi E & S Tony McCauley One Corporate Center MS:CTLLM KOKOMO, IN 46902 UNITED STATES Tel: (765) 451-2611 Fax: (765) 451-5750	Delphi E&S Rimir LIDC Receiving Warehouse 702 Joaquin Cavazos Road LOS INDIOS TX 78567 UNITED STATES					
Account	Terms		Due Date		Account Rep		Schedule Date	
2048	NET 30 DAYS		30-Jun-2005		Agustin Leyva-vargas		03-May-2005	
Sales Order	PO #		Reference		Ship Via		Page	
SO-50223	450103271				BEST WAY		1	
L	Item	Description	Order	Ship	Price	M	Discount	Amount USD
1	MS8990-002A	SureFire Upgrade - Special Order	1	1	1 775 00	EA		1 775 00
2		Modifications to SureFire CAB test system to allow testing of new modules						
3		Specifics: Add the 'DF' mask to the current 'AQ' mask. Add the 'DG' mask to the 'AP' mask. All 4 of these masks will be active. Either the 'AQ' or 'DF' mask will trigger the system to act like an 'AQ' currently does. Either the 'AP' or 'DG' mask will trigger the system to act like an 'AP' currently does.						
4		A remote installation is planned. The support of Rimir personnel for about 1/2 day will be required.						
GST Reg No 103678744RT For information call +1 (905) 678-3288			Tax Details			Taxable		0 00
			Payment Details 30-Nov-2005 WIRE_VEND_US -1,775 00 30-Nov-2005 CK_USD 900521893 1 775 00 Amount Shown in USD			Total Tax Exempt Total Payment Disc Paid Balance		0 00 1 775 00 1 775 00 0 00 0 00 1 775 00